# 117000637-52

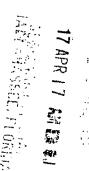
| (Red                      | questor's Name)   |                      |
|---------------------------|-------------------|----------------------|
| (Add                      | dress)            | · ·                  |
| (Ado                      | dress)            |                      |
| (City                     | y/State/Zip/Phone | <del>&gt;</del> #) . |
| PICK-UP                   | ☐ WAIT            | MAIL                 |
| (Bus                      | siness Entity Nan | ne)                  |
| (Doc                      | cument Number)    |                      |
| Certified Copies          | _ Certificates    | of Status            |
| Special Instructions to F | Filing Officer:   |                      |
|                           |                   |                      |
|                           |                   |                      |
|                           |                   |                      |

Office Use Only



600297893226

04/17/17--01028--029 \*\*25.00



Ann 1 9 2017

Y SUCLIR

# **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| DETROIT I                              | INDUSTRIAL LLC                               |   |  |
| SUBJECT:                               |  | ited Liability Company  | A84  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |
|  | REGINALD DE PONTON                           | N D'AMECOURT  |  |
|  |  | Name of Person  |  |
|  | DETROIT INDUSTRIAL                           | LLC   |  |
|  |  | Firm/Company  |  |
|  | 20801 BISCAYNE BOUL                          | EVARD SUITE 403-1001  |  |
|  |  | Address   | B+   |
|  | AVENTURA, FL 33180                           |   |  |
|  |  | City/State and Zip Code   |  |
|  | FABRICE.MCHCONSULT                           | _   |  |
|  | `  | to be used for future annual report notifica                        | ation)   |
| For further information co             | oncerning this matter, please ca             | all:  |  |
| FABRICE HERZSTEIN                      |  | 786 923-5948<br>at ()   |  |
| Name o                                 | f Person                                     | Area Code Daytime T   | Felephone Number   |
| Enclosed is a check for the            | ne following amount:                         |   |  |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### DETROIT INDUSTRIAL LLC

| (Name of the Limited Liability Company as it now app<br>(A Florida Limited Liability Compan   | y)   |         |
|---|--|---------|
| The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L17000063752}{}$ .                 | 03/20/2017 and assign  | ned     |
| This amendment is submitted to amend the following:   |  |         |
| A. If amending name, enter the new name of the limited liability company  | here:  |         |
| The new name must be distinguishable and contain the words "Limited Liability Company," the Enter new principal offices address, if applicable: | ne designation "LLC" or the abbreviation "L.L.C  | 2."     |
|   |  |         |
| (Principal office address MUST BE A STREET ADDRESS)   | 3  |         |
|   |  |         |
|   | 1 275  |         |
| Enter new mailing address, if applicable:   | 1,70 ± mm.   |         |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |         |
| Anulling dudress HAT BE AT OST OTTICE BOAY  | - International Control of Contro |         |
| PRINCE  |  | 1346.   |
|   |  |         |
| B. If amending the registered agent and/or registered office address  | on our records, enter the name of  | the nev |
| registered agent and/or the new registered office address here:   |  |         |
|   |  |         |
|   |  |         |

### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>           | Type of Action |
|--------------|-----------------|--------------------------|----------------|
| MGR          | MICHEL CULLIERE | 20801 BISCAYNE BOULEVARD | Add            |
|              |                 | SUITE 403-1001           | ■ Remove       |
|              |                 | AVENTURA, FL 33180       | □ Change       |
|              | <del> </del>    |                          | Add            |
|              |                 |                          | Remove         |
|              |                 |                          | ☐ Change       |
|              |                 |                          |                |
|              |                 |                          | Remove  Change |
|              |                 |                          | □ Remove       |
|              |                 |                          | Change         |
|              |                 |                          | Add            |
|              |                 |                          | □ Remove       |
|              |                 |                          | Change         |
|              | - <del></del>   |                          |                |
|              |                 |                          | Remove         |
|              |                 |                          | □ Change       |

| <del></del> |        | ·· <del>·</del> |
|-------------|--------|-----------------|
|             |        |                 |
|             |        |                 |
|             | ,,,,,, | ·····           |
|             |        |                 |
|             |        |                 |
|             | · .    |                 |
|             |        | 7 AP            |
|             | 38     | R   1           |
|             |        |                 |
|             | 77.5   |                 |
|             | 3 T    |                 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00